30-A R.C. 3517.10

## Ohio Campaign Finance Report



Prescribed by Secretary of State 3/05

05 BEC | 5 PM 2:40

Full Name of Committee				Registra	tion Number	er, if PA	Ö TANS
Committee To Ele	<u>ect Iudge Mavna</u>	rd		BUARD	WI EX	1043.1	EUR O
Full Name of Candidate William Dwayne	Maxmard						
Street Address	Maynaid		Office Sought			District	
7903 Wiltshire Cou	rt		Municipa	al Judge	_		
City				State	Zip Code		
Dublin				ОН	4301	16	
Type of Report	Pre-Primary	Post-Primary	Pre-General	X Post-Ge	neral		Annual Year
(place X to the left of report type)	July Monthly	August Monthly	September Monthly	Termins	tion		Semiannual
Amended Report?	Report Electro	onically filed? Yes	Date of Electron	м 1   1	0	8	0   5
						. "	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	A COLUMN	\$	21,215.10
2. Total monetary contributions (From Form No. 31-A)	No.	<b>\$</b>	26,375.00
3. Total other income (From Form No. 31-A-2)		\$	10,755.49
4. Total funds available (sum of lines 1, 2, 3)	8	\$	58,345.59
5. Total monetary expenditures (From Form No. 31-B)		\$	56,228.01
6. Balance on hand (line 4 minus line 3)		\$	2,117.58
7. Value of in-kind contributions received (From Form No. 31-1-1)		\$	0.00
8. Value of m-kind contributions made (From Form No. 31-1-2)		<b>\$</b>	0.00
9. Outstanding loans owed by committee (From Form No. 31°C)		\$	11,500.00
10. Outstanding debts owed by committee (From Form No. 31-14)		\$	5,105.24
11. Outstanding loans owed to committee (From Ponts No. 31-K)		\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	No.	\$	0.00
13. For Electronic Filing Entities only Sum of lines 2, 7 and amount of any new loans received this period.	2	\$	

THE INFORMATION (	CONTAINE	D IN THIS F	EPORT IS MADE	UNDER T	HE PENALTY OF EI	ECTION FA	LSIFICATION. WHO	EVER		
COMMITS ELECTION	FALSIFIC	ATION IS G	UILTY OF A FELO	NY OF T	HE FIFTH DEGREE		011	1	<del></del>	
Wiley E. Bate	s, Jr	<u>Treasu</u>	rer		Willer	کے ۔	Matish		-/> -	<u>ک</u>
Print Name and Title (Tre	asurer and D	eputy Treasur	er only)	Sign	ature				Date	_
Contribution			Expenditure		المناه	Other		Total		
pages	8		pages	2		pages	9	pages	19	
_					<u></u>					

## **Statement of Expenditures**

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Committee To Elect Judge Maynard				A
To Whom Paid			$\begin{bmatrix} M & D & Y \\ 1 & 1 & 0 & 9 & 0 & 5 \end{bmatrix}$	Amount 742.79
Buckeye Printing	Purpose		11110191013	/42./9
Address		and Mailing Costs		
217 N. Grant Avenue		Zip Code	Check Number	
Columbus	O H	43215	2019	
To Whom Paid	l de leui AA	10210	M D Y	Amount
Judge Michael T. Brandt			1 1 1 4 0 5	675.27
Address	Purpose			
375 S. High Street	Reimbur	sement For Joint Dire	ect Mailing	
City	State	Zip Code	Check Number	
Columbus	OH	43215	2020	
To Whom Paid			M D Y	Amount
309 LTD			1 1 1 8 0 5	1,300.00
Address	Purpose			
	Radio Bl		Check Number	
Calvarian	State H	Zip Code 43215	2021	
Columbus To Whom Paid	() 11	43213	M D Y	Amount
3 · - · · · · · · · · · · · · · · · · ·			$\begin{bmatrix} 1 \\ 1 \end{bmatrix} 1 \begin{bmatrix} 2 \\ 1 \end{bmatrix} 0 \begin{bmatrix} 0 \\ 1 \end{bmatrix} 5$	
Adventures In Advertising	Purpose		11112000	207.41
5028 Paysphere Circle	Tee Shir	ts		
City	State	Zip Code	Check Number	
Chicago	$I \cdot I \cdot L$	60674	2022	
To Whom Paid	<del></del>		M D Y	Amount
Communication Counsel			1   1   2   0   0   5	1,150.00
Address	Purpose			
37 W. Broad Street		Consulting		
City	State	Zip Code	Check Number	
Columbus	$\Box$	43215	2023	
To Whom Paid			$\begin{bmatrix} M & D & Y \\ 1 & 1 & 2 & 0 & 0 & 5 \end{bmatrix}$	Amount
Val Pak	<b>.</b>		1 1 2 0 0 5	1,500.00
Address P.O. Box 16868	Purpose Dinact M	lail - Campaign Liter	atura	
City City	State	Zip Code	Check Number	
Columbus	I O I H	43215	2024	
To Whom Paid	1 1.7.1	102.0	M D Y	Amount
Bank One			1 0 3 0 0 5	14.12
Address	Purpose			
	Service (	Charge		
City	State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Bank One			1 1 3 0 0 5	14.12
Address	Purpose			
	1	G:- C-1-	ot tar t	
City	State	Zip Code	Check Number	
	1		1	,

Page Total \$ \_\_\_\_5.683.51

Page_	1_

## **Statement of Expenditures**

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee To Elect Judge Maynard				
To Whom Paid				Amount
Buckeye Printing			1 0 2 0 0 5	500.00
Address	Purpose	 		
217 N. Grant Avenue	Postage		et to a	
City	State H	Zip Code 43215	Check Number 2010	
Columbus To Whom Paid		43213		Amount
Buckeye Printing			1 0 2 0 0 5	1,555.35
Address	Purpose		11012	
217 N. Grant Avenue	Campaig	gn Literature		
City		Zip Code	Check Number	
Columbus	$A \cap H$	<b>4</b> 3215	2011	
To Whom Paid			$\begin{bmatrix} M & D & Y \\ 1 & 0 & 2 & 4 & 0 & 5 \end{bmatrix}$	Arnount 20,000.00
Midwest Communication & Media	Purpose		1 0 2 4 0 5	20,000.00
Address 49 S. Grant A <u>venue</u>		ertisements		
City	State	Zip Code	Check Number	1 1 - 1
Columbus	OIH	43215	2012	
To Whom Paid			M D Y	Amount
SOS Video & Communiations			1 0 2 4 0 5	2,489.15
Address	Purpose			
612 Park Street	IV Prod State	uction Costs Zip Code	Check Number	
City Columbus	State H	43215	2014	
To Whom Paid	1 ()  11	TO#10	M D Y	Amount
Milkcrate Concepts			1 0 2 5 0 5	1,000.00
Address	Purpose		1210121	
309 S. Fourth Street	TV Adve	<u>ertisements</u>		
City	State	Zip Code	Check Number	
Columbus		43215	2015	
To Whom Paid			$\begin{bmatrix} M & D & Y \\ 1 & 0 & 2 & 8 & 0 & 5 \end{bmatrix}$	Amount 7,500.00
Midwest Communication & Media	Purpose		11012 810 3	7,300.00
49 S. Grant Avenue		ertisements		
City	State	Zip Code	Check Number	
Columbus	$O \mid H$	43215	2016	
To Whom Paid			M D Y	Amount
Midwest Communication & Media	In .		1 0 2 8 0 5	15,000.00
Address 49 S. Grant Avenue	Purpose TV Adve	ertisements		
City		Zip Code	Check Number	
Columbus	$O \mid H$	43215	2017	
To Whom Paid			M D Y	Amount
Midwest Communication & Media	In		1 0 3 1 0 5	2,500.00
Address 40.5. Crant Avanua	Purpose			
49 S. Grant Avenue	State	Zip Code	Check Number	
Columbus	H	43215	2018	
- variate ver				

Page Total \$ 50.544.50

Event Date	10-24-05
Page	1

Prescribed by Secretary of State 3/05 Name of Committee in Full Committee To Elect Judge Maynard Full Name of Contributor Registration Number, if PAC Rebecca Gooch Employer/Occupation/Labor Organization\* Street Address 2 4  $0 \mid 5$ 50.00 1 0 4878 Berry Leaf Pl Form(Cash,Check,etc) State Zip Code 43206 Check Н Hilliard Full Name of Contributor Registration Number, if PAC Tannisha D. Bell Employer/Occupation/Labor Organization\* D Amount 617 Worthington Forest Pl 1 0 2 4 0 5 25.00 Zip Code Form(Cash,Check,etc) Columbus 43229 Check Registration Number, if PAC Mark Collins Employer/Occupation/Labor Organization\* D Ÿ Amount 1 0 2 4 0 5 50.00 673 Mohawk Street Suite 202 City State Zip Code Form(Cash,Check,etc) Columbus 43206 Check Registration Number, if PAC Ianet Iackson Employer/Occupation/Labor Organization\* Amount 2 | 4 100.00 2865 Castlewood Road Zip Code Form(Cash,Check,etc) City State Η 43209 Check Columbus Full Name of Contributor Registration Number, if PAC W. Iames Sika Street Address Employer/Occupation/Labor Organization\* Amount 2 | 4 | 25.00 1681 Laramie Drive  $1 \mid 0$ Zip Code Form(Cash,Check,etc) City Powell Η 43065 Check Full Name of Contributor Registration Number, if PAC George Georgeff Employer/Occupation/Labor Organization\* D Amount 107 Granville Street 1 0 2 4 0 5 75.00 City State Zip Code Form(Cash Check etc) 43230 Gahanna | H Check Full Name of Contributor Registration Number, if PAC E. Dennis Muchnicki Employer/Occupation/Labor Organization\* Amount 270 Glover Street 1 [0] 2 4 0 | 5 75.00 Zip Code Form(Cash,Check,etc)

Fill in the boxes below only on the last page for this event.

Dublin

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$400.00_

43017

Check

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

10-24-05
2

Prescribed by Secretary of State 3/05 Name of Committee in Full Committee To Elect Judge Maynard Registration Number, if PAC Full Name of Contributor Jo E. Kaiser Employer/Occupation/Labor Organization\* Amount 25.00 1 0 2 4 2103 Scenic Drive Zip Code Form(Cash,Check,etc) 43130 Check Lancaster Registration Number, if PAC Full Name of Contributor Steven Mathless Employer/Occupation/Labor Organization\* D Amount 1 0 2 4 0 5 100.00 800 E. Broad Street Zip Code Form(Cash,Check,etc) State City 43205 Check Columbus Registration Number, if PAC Full Name of Contributor Charles William McGowan Employer/Occupation/Labor Organization\* 1 0 2 4  $0 \mid 5$ 150.00 601 S. High Street Zip Code Form(Cash,Check,etc) State City 43215 Check Η Columbus Full Name of Contributor Registration Number, if PAC Kyle Hunter Employer/Occupation/Labor Organization\* Amount 1|0|2|4|0|5 50.00 601 S. High Street Form(Cash,Check,etc) State Zip Code City 43215 Check Columbus Н Registration Number, if PAC Full Name of Contributor Doug Shaw Street Address Employer/Occupation/Labor Organization\* D Amount 1 0 2 4 0 5 100.00 555 City Park Zip Code Form(Cash,Check,etc) City State 43215 Η Check Columbus Registration Number, if PAC Full Name of Contributor Fraternal Order of Police Employer/Occupation/Labor Organization\* D Amount 520 S. High Street 1 0 2 4 0 5 250.00 City Form(Cash,Check,etc) 43215 Columbus Check Registration Number, if PAC Full Name of Contributor Tracy Allen Younkin Employer/Occupation/Labor Organization\* D Amount. 1 0 2 4 100.00 495 S. High Street Suite 250 0 | 5 Zip Code State Form(Cash Check etc) 43215 Columbus Check

Fill in the boxes below only on the last page for this event

	-					
Transfer the Total contri	butions for tl	nis event to form No.	31-A. Under Full Name	of Contributor state *C	ontributions from form No. 31-E	and list the date of the even
in the date column.						

Total contributions this event	Total expenditures this event	
		Page Total \$775.00_

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

31-E R.C. 3517.10(B)

in the date column.

Total contributions this event

2.525.00

Event Date	10-24-05
Page	3

Page Total \$ 1.350.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Committee To Elect Judge Maynard Registration Number, if PAC Full Name of Contributor Koffel & Jump Employer/Occupation/Labor Organization\* 2 | 4 1,000.00 2130 Arlington Avenue Zip Code Form(Cash,Check,etc) Check 43221 Columbus H Registration Number, if PAC Saia & Piatt Employer/Occupation/Labor Organization\* D Y Amount Street Address 150.00 1 0 2 4 0 5 713 S. Front Street Zip Code Form(Cash,Check,etc) City 43206 Check Columbus Full Name of Contributor Registration Number, if PAC Nancy K. Wonnel Employer/Occupation/Labor Organization\* Amount 50.00 330 S. High Street Zip Code Form(Cash\_Check\_etc) State City 43215 Check Columbus Full Name of Contributor Registration Number, if PAC John Lloyd Employer/Occupation/Labor Organization\* D Amount 1 0 2 4 0 5 50.00 2043 Slack Road City Zip Code Form(Cash,Check,etc) Η 43068 Cash Delaware Registration Number, if PAC Full Name of Contributor Dennis Dav Street Address Employer/Occupation/Labor Organization\* D Amount 330 S. High Street 2 4 0 5 100.00 Zip Code Form(Cash,Check,etc) 43215 Columbus Cash Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization\* Amount 0.00 City Zip Code Form(Cash\_Check\_etc) State Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization\* Amount 0.00 Zip Code Form(Cash,Check,etc) City \* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)] Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event

Total expenditures this event

Event Date	10-28-05
Page	1

Prescribed by Secretary of State 3/05 Name of Committee in Full Committee To Elect Judge Maynard Registration Number, if PAC Full Name of Contributor Jon C. Szekely Street Address Employer/Occupation/Labor Organization\* 100.00 2 8 0 | 5 6591 Greens Way Loop Zip Code Form(Cash,Check,etc) City 43016 Η Check Dublin Full Name of Contributor Registration Number, if PAC Thomas Edwards Employer/Occupation/Labor Organization\* D 1 0 2 8 8022 Croginhall Ct 0 | 5 25.00 City Zip Code Form(Cash,Check,etc) Η 43017 Check Dublin Registration Number, if PAC Steve Walsh Employer/Occupation/Labor Organization\* D Amount 1 0 2 8 0 5 100.00 7302 Earlsford Drive Zip Code Form(Cash,Check,etc) State City 43017 Check Dublin Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization\* 0.00 City Zip Code State Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization\* Ď Amount 0.00 City State Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization\* Ď Amount 0.00 Zip Code City State Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Employer/Occupation/Labor Organization\* Street Address Amount 0.00 Zip Code City State Form(Cash,Check,etc)

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
225.00		Page Total \$225.00_

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	10-31-05
Page	1

Prescribed by Secretary of State 3/05 Jame of Committee in Full Committee To Elect Judge Maynard Registration Number, if PAC Full Name of Contributor Onda, Labuhn & Ranklin Employer/Occupation/Labor Organization\* Amount 150.00 1 0 3 1 0 | 5 266 N. Fourth Street Suite 100 Zip Code Form(Cash,Check,etc) Check 43215 Η Columbus Registration Number, if PAC Full Name of Contributor Joseph E. Scott Employer/Occupation/Labor Organization\* D 35 E. Livingston Avenue 1 0 3 1 0 5 150.00 Zip Code Form(Cash,Check,etc) State City 43215 Check Columbus Registration Number, if PAC Full Name of Contributor Thomas Taneff Employer/Occupation/Labor Organization\* D Amount 150.00 600 S. High Street Zip Code Form(Cash,Check,etc) City Check Columbus 43215 Registration Number, if PAC Full Name of Contributor Yavitch & Palmer Co. LPA Employer/Occupation/Labor Organization\* D Amount 1 0 3 1 0 5 300.00 511 S. High Street Zip Code Form(Cash,Check,etc) City State Η 43215 Check Columbus Full Name of Contributor Registration Number, if PAC Phillip L. Allen Employer/Occupation/Labor Organization\* Amount <u>1 | 0 | 3 | 1 |</u> 600 S. High Street 0 5 150.00 Form(Cash,Check,etc) Zip Code City State 43215 Check Columbus Η Registration Number, if PAC Full Name of Contributor Sean H. Maxfield Employer/Occupation/Labor Organization\* D Amount 1 0 3 1 0 | 5 150.00 825 S. Front Street Zip Code Form(Cash,Check,etc) City 43206 Columbus Η Check Full Name of Contributor Registration Number, if PAC Iohn William Ferron Employer/Occupation/Labor Organization\* D Amount Street Address 150.00 0 3 | 1  $0 \mid 5$ 6262 Deeside Drive City Zip Code Form(Cash,Check,etc) Dublin 43917

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$1.200.00_

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	10-31-05
Page	2

Prescribed by Secretary of State 3/05 Name of Committee in Full Committee To Elect Judge Maynard Registration Number, if PAC Full Name of Contributor Todd W. Barstow Employer/Occupation/Labor Organization\* Amount 250.00 1 0 3 1 0 5 2904 United Ct Zip Code Form(Cash,Check,etc) Check 43068 Η Reynoldsburg Registration Number, if PAC Full Name of Contributor Lisa A. Aucoin Employer/Occupation/Labor Organization\* D 1 | 0 | 3 | 1 | 0 | 5 150.00 4281 Hanging Rock Court Zip Code Form(Cash,Check,etc) State 43230 Check Columbus Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization\* D Amount 0.00 Form(Cash,Check,etc) State Zip Code City Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization\* D Amount Street Address 0.00 Zip Code Form(Cash,Check,etc) State City Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization\* D Amount 0.00 City State Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization\* D Amount 0.00 City State Zip Code Form(Cash,Check,etc) Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization\* Street Address Amount 0.00 State Zip Code Form(Cash,Check,etc) \* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
11 11 1 11 11 11 11 11 11 11 11 11 11 1		Page Total \$ 400.00
1,600,00		

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page _	1_
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### **Statement of Loans Received**

				Pre	scribed b	у Ѕест	etary	of State	e3/05							
Full Name of Committee  Committee To Elect Ju	idae N	Aavna	ırd													
From Whom Received	iuge i	via y ita	110								Prior A	mou	nt			Amt. Incurred this Period
William Dwayne May	mard													50.0	o I	0.00
Address	Hara					,							1/4-	0.0	V	Outstanding Balance
7903 Wiltshire Court																1,250.00
City	State	Zip Code		Loa	ns Receiv	red Th	is Pe	eriod						Pa	yme	ents This Period
Dublin	O H	43016			Date				Amount				Date	·		Amount
Date Loan was originally	М	D	Y	М	D	Y		\$			M		D	Y		\$
Incorred	0 5	0 5	0 5	0 5	0 5	0	5			<u>600</u>		_				0
Registration Number, if PAC				M	D	Y	_ 1			400	М		D	Y		
				0 7	2 3	0	5			400		_	_		_	0
Employer/Occupation/Labor Organization*				M	D	Y	_			250	М	1	D	Y	1	0
				$1 \mid 0$	0 6	10	5			250	w : '		_			Arnt. Incurred this Period
From Whom Received	1.11	ъ.									Prior A	Amou	nt			5,000.00
Franklin County Repu	<u>ıblicai</u>	n Part	<u>V</u>													
Address																Outstanding Balance 5,000.00
14 E. Gay Street	I	<i>a</i> : a 1							.,							<u> </u>
City		Zip Code 43215		L.oa	ns Receiv Date	ved Th	is P	eriod	Amount				Date		yme	ents This Period Amount
Columbus  Date Loan was originally		43213 D	Y	М	Date	Y	_	e	Millount		М	-	Date	Y		S
Incurved	1 0	2 7	$0 \mid 5 \mid$	1 0	$\begin{vmatrix} 2 \\ 2 \end{vmatrix}$	0	5		5	000	IM.	-	7	1		0
Registration Number, if PAC		4/1	015	M	D /	Y	_		<u> </u>	000	M	+	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y					М		D	Y		
From Whom Received						<u> </u>				_	Prior A	\mou	nt		-	Amt. Incurred this Period
William Dwayne May	mard													0.0	o l	5,250.00
Address	Itala													0.0		Outstanding Balance
7903 Wiltshire Court																5,250.00
City		Zip Code		Loa	ns Receiv	ved Th	is P	eriod						Pa	ym	ents This Period
Dublin	O H	43016			Date				Amount				Date	е		Amount
Date Loan was originally	M	D	Y	M	D	Y		\$			M		D	Y		\$
Incurred	1 0	2 2	0 5	1 0	2 2	0	5		5	000						0
Registration Number, if PAC				M	D	Y					М		D	Y		
				1 0	2 8	0	5			200						0
Employer/Occupation/Labor Organization*				М	D	Y					М		D	Y		·
										1						
* Required for contributions over \$100 to sta		_	•						=							ness,
if any, rather than employer should be listed.			*	ite via pay	roll dedu	ction a	nd ex	kceed th	e aggregate of S	5100, th	c labor	orga	nızatıor	n of wh	uch	
the employees are members, if any, must app	ear. R.C. 3	5517.10(B)	(4)													

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space.	. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2
Transfer total of all payments made in this period to the Statement of Exc.	penditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A

1	Total prior amount \$	1,250.00	
2	Total received this period \$	10,250.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	(also record on Form 31-B
4	Total Outstanding Balance \$	11,500.00	(To Form No. 30-A)

Page	1

### **Statement of Other Income**

Prescribed by Secretary of State 2/01

Name of Committee in Full					_		_	
Committee To Elect Judge Maynard		·		Deni	Sione P.T	her 'A-	PAC	
Full Name				registra	tion Num	wer, if l	rAC	
From Form 31C	-	<del>,</del> *		M		Y	Amount	
Address	Туре			М	D	ן א ען <u>א</u>		10,250.00
City	St	ate	Zip Code	Form(Ca	ash,Check	k,etc)		
Full Name	<del></del>			Registrat	tion Num	ber, if I	PAC	
Buckeye Printing & Mailing Service								
Address	Турс	e*		М	D	Y	Amount	
217 North Grant	R	E		1 0	1 .		5	500.00
City	Sta	ate	Zip Code	Form(Ca	ash,Check	k,etc)		
Columbus	0	H	43215		Chec	k		
Full Name					tion Num		PAC	****
Bank One								
Address	Тур			М	D	Y	Amount	
		N		1 0			5	4.05
City	Sta	atc	Zip Code		ash,Checl			
Full Name				Registra	ation Num	iber, if	PAC	
Bank One								
Address	Тур			M 1 1 1	D 2 1	Y	Amount	1.44
	<del>     </del>	N_	7in Cada	1 1	3 1		<u> </u>	1.44
City	St	tate	Zip Code	rorm(C	ash,Checl	a,cic)		
Full Name		<u></u>	<u> </u>	Registra	ation Num	nber, if	PÄC	
					_		_	
Address	Тур	e*		M	D	Y	Amount	
ı	L					$\perp$		0.00
City	St	tate	Zip Code	Form(C	ash,Checl	k,etc)		
T. U.N.			<u></u>	Dan-let	tion No.	ihar in	PAC	
Full Name		_			ation Num			
Address	Тур	e*		M	D	Y	Amount	
	L							0.00
City	St	tate	Zip Code	Form(C	ash,Chec	k,etc)		
				<del></del>				
Full Name				Registra	ation Num	nber, if	PAC	
Address	Тур	e*		M	D	Y	Amount	
	-,,,							0.00
City	St	tate	Zip Code	Form(C	ash Chec	k,etc)		
Full Name				Registra	ation Num	nber, if	PAC	
	Τ =	a.k		1.7	Tr	1 **	Δ=	
Address	Тур	ب ص ا		M	D	Y	Amount	0.00
Cir.	<del> </del> -	:ote	Zin Code	F /-	Jack Cl			0.00
City	8	tate 	Zip Code	1.orm(C	Cash,Chec	a,ew)		
	<u> </u>	<u> </u>					الجيديات	

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 10,755.49

<sup>\*</sup> Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received, RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee,

## **Statement of Outstanding Debts**

Prescribed by Secretary	y of State	2/01									
Full Name of Committee											
Committee To Elect Judge Maynard						au .					
To Whom Owed				Prior Ar	mount		Amt. Incurred this Period				
Scharfenberger Company		<del></del>		<u> </u>		0.00	2,386.76				
Address				i	Purpose fo		Outstanding Balance				
2534 Commerce Blvd	<del></del>	la: a		Yá	ard Si	gns	2,386.76				
City Cincinnati	State   Zip Code   O   H   45241						Payments Made This Period  Date Amount				
Date Debt was originally incurred	м 0 9	3 0	$\begin{vmatrix} \mathbf{Y} \\ 0 \end{vmatrix} 5$	M	D	Y	s i				
Registration Number, if PAC				M	D	Y					
					I +	1					
				M	D	Y					
To Whom Owed				Prior A	mount		Amt. Incurred this Period				
Value Pak						0.00	2,650.00				
Address	Item or Purpose for Debt Outstanding Balance										
P.O. 16868		1=		Di	irect N	Aail	2,650.00				
City	State	Zip Coo		Payments Made This Period  Date Amount							
Columbusd	ОН	43 D	3216 T y	M	Date	Y	Amount				
Date Debt was originally lacurred							ф				
Registration Number, if PAC				M	Ď	Y					
				M	D	Y					
				1	1 1						
To Whom Owed				Prior A	mount	<u></u>	Amt. Incurred this Period				
Lionel Jones					(	68.48	0.00				
Address				Item or Purpose for Debt. Outstanding Balance							
4155 A Aston Martin Court				Fund Raiser 68.48							
City	State	Zip Coo	de		Pa	yments l	Made This Period				
Columbus	ОН	43	3232		Date		Amount				
Date Debt was originally incurred	M	D	Y	M	D	Y	\$				
Registration Number, if PAC	4			М	D	Y					
				М	D	Y					
If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all pay Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-I		_			_	-					

• •	•	total of all payments made this period to the Statement of Expenditures (Form No. 31-B).  rm No. 31-J-1). Transfer total outstanding debt amount to the cover page.
Total Payments this Period \$	0.00	(also record on Form 31-B)
Total Outstanding Balance \$	5,105.24	(also record on cover page)

Page 1	

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Committee To Elect Judge Maynard								
Full Name of Contributor				Registra	tion Num	ber, if PA	C	
Woody Fox				regustre				
Street Address	Employ	er/Occupa	tion/Labor Organization*				Form (Cash, Chec	ck. etc.)
I	Employ	ci/ Occupa	HOIV PADOI OI PAINTAGOI				Check	, 200.)
571 S. High Street	-	tate	Zip Code	М	D	Y	Amount	
Columbus		H	43215		2 2			250.00
Full Name of Contributor	10	1	40210			ber, if PA	C.	200.00
				Legisla				
John Ryan Gall Street Address	Employ	er/Ocmmo	tion/Labor Organization*				Form (Cash, Chec	ek etc.)
	Estibio	ылоссира	MODERNO OIGHNEAMON				Check	<b>M., U</b> (0.)
41 S. High Street	+ -	4-4-	Zip Code	М	D	Y	Amount	
City	I	tate   H		1 .				100.00
Columbus	10	11	43215-6150	1 0				100.00
Full Name of Contributor				Registra	uon Num	ber, if PA	C	
L. J. McCord	- T	10					T (O. d. Ol	-l4- \
Street Address	Employ	er/Occupa	tion/Labor Organization*				Form (Cash, Chec	ik, etc.)
844 S. Front Street	1		1				Check	
City		tate	Zip Code	M	D	Y	Amount	200.00
Columbus	0	H	43206	10			<u> </u>	300.00
Full Name of Contributor				Registra	ation Num	ber, if PA	С	
Celestine Maynard								
Street Address	Employ	er/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
3701 Mayfield Rd #101							Check	
City	S	tate	Zip Code	М	D	Y	Amount	
Cleveland Hts	0	<u>H</u>	44121	1 0	2 2	0 5		200.00
Full Name of Contributor				Registr	ation Num	ber, if PA	С	_
Nina L. Jackson								
Street Address	Employ	er/Occupa	tion/Labor Organization*				Form (Cash, Chee	ck, etc.)
1241 Haddon Rd	1						Check	
City	S	tate	Zip Code	M	D	Y	Amount	
Columbus		H	43209-2926	1 0	2 2	0 5		50.00
Full Name of Contributor	•			Registra	ation Num	ıbeт, if РА	С	
Alex Shumate								
Street Address	Employ	er/Occupa	tion/Labor Organization*				Form (Cash, Chee	ck, etc.)
229 Deer Meadow Drive	1						Check	
City	s	tate	Zip Code	М	D	Y	Amount	
Gahanna	10	H	43230	110	2 2	0 5		100.00
Full Name of Contributor		'				ber, if PA		
Koltak & Gibson, LLP				1				
Street Address	Employ	er/Occupa	tion/Labor Organization*				Form (Cash, Chee	ck, etc.)
5 E. Long Street							Check	
City	s	tate	Zip Code	М	D	Y	Amount	
Columbus	10	H	43215	1110	1212	0 5		200.00
Full Name of Contributor						ber, if PA		
Charlene Hollel / Committee For Dew	vev St	okes		1				
Street Address			tion/Labor Organization*	-			Form (Cash, Chee	ck, etc.)
750 Willow Bend Lane	1 ' '	•	-				Check	
City	S	tate	Zip Code	М	D	Y	Amount	
Columbus	0	H	43204-1432	110	1 .	1	•	400.00
Columbus	<del>1 0</del> .		1040T-1304	1110	1414	1013	<u> </u>	700.00

Page Total \$	1,600.00

Page	2	

Prescribed by Secretary of State 3/05

Name of Committee in Full									
Committee To Elect Judge Maynard									
Full Name of Contributor				Registra	tion Numl	ост, if PAC	C		
W. Joseph Edwards									
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Check	., etc.)	
495 S. High Street							Check		
City	St	ate	Zip Code	M	D	Y	Amount		
Columbus	10	H	43215	-1110	20	0   5		350.00	
Full Name of Contributor				Registra	tion Numb				
Lea L. Malik / Baker & Hostetler LLF	)			OF	I 125				
Street Address	Employe	er/Occupa	tion/Labor Organization*				Form (Cash, Check	c, etc.)	
3200 National City Center	' '	•	Ū				Check		
City	Si	tate	Zip Code	Тм	D	Y	Amount		
Cleveland		   H	44114-3845	1 0	I .	0 5		250.00	
Full Name of Contributor			44114-3043		tion Numb			250.00	
1				ICERISTIC	HIOH IVOHIN	, u i r	C		
John D. Moore, Jr.	Tr1	-10	tion/Labor Organization*				Form (Cash, Check	· ota )	
Street Address	Employe	ar/Occupa	mon/Labor Organization*					., cuc.)	
7918 Slate Ridge Blvd			Ia: 0 1		T	7,	Check		
City	1 _	ate	Zip Code	M	D	Y	Amount	200.00	
Reynoldsburg	10	ļΉ	43068	10		0 5		300.00	
Full Name of Contributor				Registra	tion Numb	per, if PA	С		
Samuel B. Weiner Co, LPA									
Street Address	Employe	er/Occupa	tion/Labor Organization*				Form (Cash, Check	i, etc.)	
743 S. Front Street							Check		
City	S	tate	Zip Code	M	D	Y	Amount		
Columbus	0	H	43206	1 0	2 4	0 5		500.00	
Full Name of Contributor				Registra	tion Numl	per, if PA	С		
Columbus Franklin County AFL CIC	PCE								
Street Address		er/Occupa	tion/Labor Organization*	-			Form (Cash, Check	ς, etc.)	
1545 Alum Creek Drive - 2nd Fl							Check		
City	Si	tate	Zip Code	М	D	Y	Amount		
Columbus	10	H	43209	110	2   5	0   5		200.00	
Full Name of Contributor			·		tion Numl				
Jeffrey A. Berndt									
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Check	ς, etc.)	
575 S. High Street		_	_				Check		
City	S	tate	Zip Code	М	D	Y	Amount		
Columbus		H	43215	1110	2   5	0   5		200.00	
Full Name of Contributor	<u> </u>		1 10210		tion Num	'C+1		200.00	
Franklin County Republican Club PA	C					,			
Street Address		r/Occume	tion/Labor Organization*				Form (Cash, Check	c etc.)	
	ı;pioy	и состью	MODE LADOR OF BAILDARON				1	, <i>uu.</i> ,	
607 Durrin Rd			7:- C-4-	1.37	1 B	· ·	Check		
Calvarahaa	I _	tate   H	Zip Code	M	D	Y	Amount	700.00	
Columbus	10	11	43213-3477	10		0 5		700.00	
Full Name of Contributor				Kegistra	tion Numl	ber, if PA	C		
Allen J. Reis	- ·	(0)					<b>.</b>		
Street Address	Employe	er/Occupa	tion/Labor Organization*				Form (Cash, Check	દ્ર etc.)	
3250 Knoll Drive			_		,		Check		
City	St	tate	Zip Code	M	D	Y	Amount		
Gahanna	0	Н	43230	1 0	2 5	0 5		200.00	

Page Total \$	2,700.00

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50 <u>52</u>

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Committee To Elect Judge Maynard				D." 1 :		:070.4.0		
Full Name of Contributor					ion Numb	er, it PAC	;	
Columbus Sheet Metals Workers				UH	1053			
Street Address	Employer	/Occupat	tion/Labor Organization*			Ì	Form (Cash, C	heck, etc.)
3035 Lamb Avenue							Check	
City	Sta		Zip Code	М	D	- 1	Amount	
Columbus	0	Н	43219	1 0	2 7	0 5		250.00
Full Name of Contributor				_	ion Numb	er, if PAC		
Javitch, Block & Rathbone LLP				OH	125			
Street Address	Employer	/Occupat	tion/Labor Organization*				Form (Cash, C	heck, etc.)
1300 E. Ninth Street - 14th Floor	ļ						Check	
City	Sta	te	Zip Code	M	D	Y	Amount	
Cleveland	101	Н	44114-1503	1 0	2 7	0   5		50.00
Full Name of Contributor					ion Numb			
Franklin County Republican Party								
Street Address	Employer	r/Occupa	tion/Labor Organization*				Form (Cash, C	heck, etc.)
14 E. Gay Street	1		_				Check	-
City	Sta	ite.	Zip Code	М	D	Y	Amount	
*		Н	43215	1 0	2 7			10,000.00
Columbus Full Name of Contributor			10210		ion Numb			10,000.00
				_	843	,		
Chester Willcox & Saxbe Street Address	Employe	r/Occurs	tion/Labor Organization*	OH	UTU		Form (Cash, C	heck, etc.)
	Enthiole	. Cooupa	TOTAL CHEMITATION.				Check	
65 E. State Street Suite 100		***	Trin Code	М	D	Y	Amount	
City	Sta		Zip Code				anoun	500.00
Columbus		Н	43215		3 0			500.00
Full Name of Contributor				Registrat	ion Numb	er, 11 PAC	ز	
Franklin V. Duffu							n (~ ;	T 1
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, C	
1454 Wakefield Court, E.							Check	
City	Sta		Zip Code	М	D	Y	Amount	
Columbus	0	Н	43215	1 0	3 0	0 5		<i>7</i> 5.00
Full Name of Contributor				Registrat	ion Numb	er, if PAC		
Connor Behal LLP								
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, C	heck, etc.)
501 S. High Street	L						Check	
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus	0	H	43215	1 1	0 3	0 5		350.00
Full Name of Contributor				Registra	tion Numb	er, if PA	C	
Edwin L. Malek				ì				
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, C	heck, etc.)
1227 S. High Street		-					Check	
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus		   H	43215	1111	0 3	0   5	l	150.00
Full Name of Contributor			1 10=10	4	tion Numb		c	
Thomas D. Beal						-,		
Street Address	Employe	r/Occurs	ation/Labor Organization*				Form (Cash, (	heck, etc.)
	Employe	., cooupe	money or Summer off				Check	
755 S. High Street		ate	Zip Code	М	D	Y	Amount	
C-11	l _			4 4	1 .		. arran	50 00
Columbus	<u> </u>	Н	43206	$\perp 1 \mid 1$	0 3	0 5		50.00

	_	
Page Total	\$_	11,425.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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_		_

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Committee To Elect Judge Maynard								
Full Name of Contributor				Registra	tion Numb	oer, if PA	C	
Lane, Alton & Horst								
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Chee	ck, etc.)
175 S. High Street							Check	
City	St	ate	Zip Code	M	D	Y	Amount	
Columbus		Н	43215-5100	1111	0 3	0   5		250.00
Full Name of Contributor				Registra	tion Numb		c	
Terry D. Van Horn				OF	l 125			
Street Address	Employe	r/Occupa	tion/Labor Organization*		1 1-0		Form (Cash, Che	ck, etc.)
P.O. Box 06408		•	J				Check	
City	St	ate	Zip Code	М	I D	Y	Amount	
Columbus		Н	43206-0408	1 .	2 8	015	1	200.00
Full Name of Contributor			1 40200 0400		ation Numb		Č	200.00
Carlile, Patchen & Murphy LLP				200		,	_	
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Che	ck etc.)
	Lampioye	i. Occupa	mont Edward Organization				Check	on, coo.
366 E. Broad Street	Ç+	ate	Zip Code	М	D	Y	Amount	
City	1 ~	H H	43215	1 .		0 5		500.00
Columbus	10	11	43213					300.00
Full Name of Contributor				Kegisira	ation Numb	DET, II PA	C	
Jeffrey A. Berndt	- I ·	10	distribution				E (Cl1- Cl	-1A- X
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
575 S. High Street			Ta: -		1	r	Check	
City	1 _	ate ı⊔	Zip Code	M	D	Y	Amount	150.00
Columbus	10	Н	43215		2 8		<u> </u>	150.00
Full Name of Contributor				Registra	ition Numl	ber, if PA	С	
Ohio Merchants Committee				<u>. L </u>				
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
50 W. Broad Street							Check	
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus	0	Н	43215-3367	$\lfloor 1 \rfloor 0$	2 8	0 5		250.00
Full Name of Contributor				Registra	ation Numl	ber, if PA	c ·	
Frederick T. Moses				1				
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
19538 Carroll Rd							Check	
City	St	ate	Zip Code	M	D	Y	Amount	
Rockbridge		Н	43149	$1 \mid 0$	2 8	0 5		100.00
Full Name of Contributor				Registra	ation Numl	ber, if PA	С	
Garth G. Cox				1				
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
3327 Hidden Meadow Ct							Check	
City	St	ate	Zip Code	M	D	Y	Amount	
Lewis Center	10	H	43035	1 0	1218	0 5		250.00
Full Name of Contributor				_	tion Num			
David F. Beck				1				
Street Address	Employe	r/Occupa	tion/Labor Organization*			<u>.</u>	Form (Cash, Che	ck, etc.)
1896 W. 1st Avenue	' '		-				Check	ŕ
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus	0	H	43212		2 8	l e		150.00
Columbas	<u> </u>		1.72.12	1410	1410	1012	I	100.00

Page Total \$	1,850.00

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Prescribed by Secretary of State 3/05

Name of Committee in Full								
Committee To Elect Judge Maynard	<u> </u>							
Full Name of Contributor				Registra	ation Numl	per, if PA	C	
Thomas A. Gjostein								
Street Address	Employer/Oc	cupati	ion/Labor Organization*				Form (Cash, Check,	etc.)
1414 Lake Shore Dr - Apt A							Check	
City	State		Zip Code	M	D	Y	Amount	
Columbus		H	43204-4830	1 0	2 8	0 5		50.00
Full Name of Contributor	•			Registr	ation Numl	er, if PA	C	
James J. Andrioff								
Street Address	Employer/Oc	cupati	ion/Labor Organization*				Form (Cash, Check,	etc.)
5888 Taha Hill Drive	l						Check	
City	State		Zip Code	М	D	Y	Amount	
Dublin	1011	Η【	4301 <i>7</i>	1 0	1218	0   5		150.00
Full Name of Contributor					ation Num		C	
Mary T. Wiggins								
Street Address	Employer/Oc	cupati	ion/Labor Organization*	_			Form (Cash, Check,	etc.)
43317 Crystal Lake Street							Check	
City	State	1	Zip Code	M	D	Y	Amount	
Leesburg	$ \perp$ $\vee$ $\perp$ $\perp$	A	20176	110	2 8	0 5	•	100.00
Full Name of Contributor					ation Num			
Joseph R. Landusky II								
Street Address	Employer/Oc	cupati	ion/Labor Organization*				Form (Cash, Check,	etc.)
901 S. High Street		•	Ü				Check	,
City	State		Zip Code	Тм	D	Y	Amount	· · · · · · · · · · · · · · · · · · ·
Columbus		нΙ	43206	110	I .			100.00
Full Name of Contributor			T0200		ation Num			100.00
Yvette McGee Brown				,,,,,,,		, ,,		
Street Address	Employer/Oc	cunati	ion/Labor Organization*				Form (Cash, Check,	etc.)
643 Crossing Creek S.		ж					Check	*****
City	State		Zip Code	М	D	Y	Amount	
Gahanna		нΙ	43230	110		0 5		100.00
Full Name of Contributor	101		43230	1 0	ation Num			100.00
				10,500		Ju, 11 1 1 1		
Brent C. Maynard Street Address	Employer/Oc		ion/Labor Organization*				Form (Cash, Check,	eta )
	Employer	лиран.	OIVERON OIGHNEAGON					Cit. j
3105 Dunkagle Ct	State	- 1	Zip Code	М	D	Y	Check Armount	
-		υ	20 <b>7</b> 21		1	L	B .	100.00
Bowie Full Name of Contributor	M		20/21	1 0				100.00
				Kegisir	ation Num	DET, II PA	C	
Marie Polite	Ir1/0-						Form (Cash, Check,	-4- \
Street Address	Employer/Oc	сирац	ion/Labor Organization*					etc.)
984 Poppy Hills Drive	54-4-	- 1	7'- C-1-	1 ,;	T 5	T 1/	Check	
City	State		Zip Code	M	D	Y	Amount	100.00
Blackick		H	43004	$1 \mid 1$	. 1015	0 5		100.00
Full Name of Contributor				Kegistr	ation Num	oer, if PA	Ľ	
Culbreath and Associates								
Street Address	Employer/Oc	cupat	ion/Labor Organization*				Form (Cash, Check,	etc.)
90 N. Nelson Rd							Check	
City	State		Zip Code	М	D	Y	Amount	
Columbus		H	43219	11 1	1 3	0 5	<u> </u>	200.00

Page Total \$	900.00

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Page 0	

Prescribed by Secretary of State 3/05

Name of Committee in Full					-		
Committee To Elect Judge Maynard							
Full Name of Contributor		-		Registra	tion Num	ber, if PA	Ċ
Perez & Morris LLC							
Street Address	Employe	er/Occupa	ntion/Labor Organization*				Form (Cash, Check, etc.)
8000 Ravine's Edge Court	.						Check
City	1 ~	tate	Zip Code	M	D	Y	Amount
Columbus	0	Н	43235	1 1		0 5	
Full Name of Contributor				Kegisira	mon Num	ber, if PA	C
Mary Ann Schmidt Street Address	Employ	w//\\\	ation/Labor Organization*				Form (Cash, Check, etc.)
	Employe	si/Cycordya	ation/Labor Organization				Check
2816 Haggett Drive	91	tate	Zip Code	М	T D	l Y	Amount
Twinsburg		H	44087-2940	1111	0/3		
Full Name of Contributor			1100/-2/10			ber, if PA	
James D. Viets						,	
Street Address	Employe	er/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
620 E. Broad Street	' '	-	-				Check
City	S	late	Zip Code	М	D	Y	Amount
Columbus		H	43215	$1 \mid 1$	<u> </u>	0 5	100.00
Full Name of Contributor						ber, if PA	
Jeffrey G. Thompson							
						Form (Cash, Check, etc.)	
601 S. High Street							Check
City	S	tate	Zip Code	M	D	Y	Amount
Columbus	0	H	43215	1 1			
Full Name of Contributor				Registra	ation Num	ber, if PA	c
Edward Clark Corley							
Street Address	Employe	er/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
179 Fenley Rd			[g' g ]	137	T 5	1 37	Check
Calana	1 ~	tate   H	Zip Code 42014 1407	M   1   1	D	Y	Amount EO OC
Columbus Full Name of Contributor	10	4.1	43214-1407			05 ber, if PA	
				Kegisii.	acion ivan	ibei, ii fA	.c
Benjamin F. Holland	Employ	er/Occurs	ation/Labor Organization*				Form (Cash, Check, etc.)
183 Trails End	Linploy	и остр	ations ration organization				Check
City	S	tate	Zip Code	М	D	Y	Amount
Westerville	$\int o^{x}$	H	43082		0 5	1	
Full Name of Contributor			10002			ber, if PA	
James P. Connors							
Street Address	Employe	er/Occupa	ation/Labor Organization*		_	'	Form (Cash, Check, etc.)
281 S. High Street							Check
City	S	tate	Zip Code	M	D	Y	Amount
Columbus	0	H	43215	1 1	$1 \mid 0$	0 5	50.00
Full Name of Contributor				Registra	ation Nun	ber, if PA	С
Godfrey Ibom							
Street Address	Employ	er/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
4933 Dunlap Rd							Check
City	_	tate	Zip Code	M	D	Y	Amount
Columbus	10	H	43229	1 1	1 0		
equired for contributions from individuals over \$100 to statewide and gene	rai accembi	v candida	ites. If contributor is self-employ	red the occ	unation a	nd the par	ne of the

Page Total \$	2,450.00

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Committee To Elect Judge Maynard					_		
Full Name of Contributor				Registra	tion Num	ber, if PA	С
Karen A. Pettiford					_		
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
7858 Burrwood Street							Check
City	Stat	te	Zip Code	M	D	Y	Amount
Dublin	0	Н	43016	111	110	0 5	50.00
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		1.4 110 11	Registra	tion Num	ber, if PA	С
J. Tuffin				1			
Street Address	Employer	/Occupa	tion/Labor Organization*	-			Form (Cash, Check, etc.)
15694 SW 15th Street	1						Check
City	Sta	te	Zip Code	M	D	Y	Amount
Pembroke Pines	1 F 1	L	33027	1111	1 3	0 5	500.00
Full Name of Contributor			000	Registra		ber, if PA	
Porter Wright, Morris & Arthur LLP				1			
Street Address	Employer	/Occupa	tion/Labor Organization*	-		<b>-</b>	Form (Cash, Check, etc.)
41 S. High Street							Check
City City	Stat	te	Zip Code	М	D	Y	Amount
Columbus		H	43215	$1^{1/2}$	$1_{113}$		250.00
Full Name of Contributor			43213	1 1		ber, if PA	
				registre	ilon i vani	001, 11 1 1 1	
James B. Popovich Street Address	Employer	/Occupa	tion/Labor Organization*		-		Form (Cash, Check, etc.)
	Employen	/ Состара	HOLD E-BOOK OF SMILE SELECTION				Check
5823 Castleknock Rd	Sta	to	Zip Code	М	D	Y	Amount
•	1	H	43016	1 .	1	1	1
Dublin Full Name of Contributor	О	11	43016			0 5 ber, if PA	
I				L/CRI20	uon Num	oei, ii PA	C
Samuel E. Smiley	TE 1	10	4 7 1 0 1 1 4	<u> </u>			F (C-1- C-14- )
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
10469 Concord	-		In a	1	T =	T	Check
City	Star		Zip Code	M	D	Y	Amount
Dublin	0	Н	43017	111	1 3	0 5	100.00
Full Name of Contributor				Registra	ition Num	ber, if PA	С
Artz & Dewhirst, LP							
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
560 E. Town Street			In:	1	-		
City	Star		Zip Code	M	D	Υ	Amount
Columbus		Н	43215	11 1	1 3	0 5	100.00
Full Name of Contributor				Registra	tion Num	ber, if PA	С
Contributions From Form 31-E	· · · · · · · · · · · · · · · · · · ·						
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
	<u> </u>						
City	Star	te	Zip Code	M	D	Y	Amount
				1 0	2 8	0 5	225.00
Full Name of Contributor				Registra	tion Num	ber, if PA	С
Contributions From Form 31-E							
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
City	Sta	te	Zip Code	М	D	Y	Amount
				1 0	12 4	0 5	2,525.00

Page Total \$	3,850.00

Page	8	
_	-70	

Prescribed by Secretary of State 3/05

			,			
Name of Committee in Full	•					
Committee To Elect Judge Mayna	ırd		In it is	NT	L icn	7
Full Name of Contributor			Registrat	uon Num	ber, if PA	C
Contributions From Form 31-E	E1//	pation/Labor Organization*				Form (Cash, Check, etc.)
Street Address	Employer/Occu	ipation/Lation Organization*				rom (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
	1_1		1 0	3 1	0   5	1,600.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount
					1 12-	0.00
Full Name of Contributor			Registrat	tion Num	ber, if PA	C
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount
	1 1	1				0.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Street Address	Employer/Occ	ipation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contribute			Pagiston	tion Nives	ber, if PA	0.00
Full Name of Contributor			Registra	uon Num	ioei, ii PA	C
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
City	State	Zip Code	Тм	D	Y	Amount
		.,,				0.00
Full Name of Contributor	<u> </u>		Registra	tion Num	ber, if PA	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
City	State	Zip Code	М	Q.	Y	Amount
City	State	Zip Code		Ιĭ	1	0.00
Full Name of Contributor		<b>t</b>	Registra	tion Num	ber, if PA	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount
Cuy	State	μωφ Code	I M		1	0.00
Full Name of Contributor			Registra	tion Num	ber, if PA	
Contributions From Form 31-E Street Address	31-E Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount
			1 0	2 4	0 5	0.00

Page Total \$	1,600.00